



State of New Jersey

JON S. CORZINE
Governor

DEPARTMENT OF ENVIRONMENTAL PROTECTION
COUNTY ENVIRONMENTAL AND WASTE ENFORCEMENT
BUREAU OF SOLID AND HAZARDOUS WASTE REGULATION
401 E. STATE STREET
P.O. BOX 422
TRENTON NJ 08625-0422
Tel. (609) 292-7081
Fax. (609) 633-9839

LISA P. JACKSON
Commissioner

Conditionally Exempt Small Quantity Generator **NJX PROGRAM APPLICATION FORM**

Please complete all of the following information. An incomplete application will not be processed.

Company Name _____

Site Address _____

Site City _____ State _____ Zip Code _____

Mailing Address _____
(if different from Site Address)

City _____ State _____ Zip Code _____

County _____

Contact Name _____

Phone Number _____ (including area code)

Emergency Phone Number _____ (including area code)

Please check the category that applies to your operation.

In a calendar month Generation Limits do not exceed:

_____ 100 kilograms of non-acutely hazardous waste.

_____ 1 kilogram of acutely hazardous waste.

_____ 100 kilograms of any residue or contamination soil, waste, or other debris
resulting from the cleanup of a spill of acute hazardous waste.

List any previous EPA Identification numbers below (if applicable):

I certify that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete and that the applicant meets the eligibility requirements of the Conditionally Exempt Small Quantity Generator NJX Number Program.

Signature _____
(owner or operator)

Typed/
Printed Name _____

Title _____ Date _____